ADDENDUM TO THE FINAL STATEMENT OF REASONS

a) Specific Purpose of the Regulations and Factual Basis for Determination that Regulations Are Necessary

Section 81071(b)(3)

Final Modification:

Based on OAL feedback, this section is amended to clarify that if the register of clients is removed from the licensing facility, it shall be returned in the condition that it was received. It is necessary to return the register undamaged and in the condition that it was received to allow the licensee to retrieve pertinent documents without disruption or delay. The words "good order" were deleted and the phrase "the condition that it was received" was added in order to make the requirement more specific and measureable.

It is necessary to return the register undamaged and in the condition that it was received to allow the licensee to retrieve pertinent documents without disruption or delay. The Department and the California Association of Social Rehabilitation Agencies (CASRA), the provider agency for Social Rehabilitation Facilities (SRFs), agreed that three business days to accomplish this task is a reasonable amount of time. Given that the licensing agents at times are required to drive hours to a facility, this will allow the Department sufficient time to get copies at the Regional Office and return the original to the licensee.

Sections 81071(c) through (c)(2)

Final Modification:

Based on OAL feedback, Section 81071(c)(1) is amended to remove the phrase "as necessary" from the regulation because having that phrase makes the regulation unclear as to what timeframe is being referenced and could cause confusion to the reader.

Section 81075(o)(3)

Final Modification:

Based on OAL feedback, Section 81075(o)(3) is amended to clarify that "to meet the needs of the client" means "consistent with the Needs and Services Plan." This section is consistent with the expectation that the clients will be managing their own medications and the proper training of the staff is required so that the staff may use this training to effectively assist the clients in their learning to independently manage their own medications, which will be consistent with the client's Needs and Services Plan.

Sections 81075(o)(3)(B) through (o)(3)(E)

Final Modification:

Based on OAL feedback, Section 81075(o)(3)(C) is amended to clarify that the licensee or designee shall review and document staff performance annually for the purpose of quality assurance regarding educating and assisting the client with their individual medicationmanagement plan. This provision also allows a licensee to delegate this staff performance review and documentation responsibility to a designee who would be an administrator or other staff. This clarifies for the field staff that when they are ensuring compliance with the documentation of the staff performance review, it is permissible that a name other than the licensee's name could be on the documentation. This is a standard practice that the Department allows for in regulation to support the operation a facility and the Department does not want to overregulate this behavior. In the Department's experience, an annual review of staff performance has been shown to be an effective benchmark for reviewing and updating staff training requirements in order to ensure quality care and supervision. This is exemplified in Section 81092.1(k)(2) for when a licensed health professional delegates routine care and the annual requirement is also exemplified in Section 81068.3 for the Needs and Services Plan of each client. Documenting this review will also ensure that the Department will be able to review how the Licensee and staff support the medicationmanagement plans for clients.

<u>Sections 81075(o)(5) through (o)(9)</u>

Final Modification:

Based on OAL feedback, Section 81075(o)(8) is amended to remove the phrase "fails to make sufficient progress in meeting the plan's goals, or otherwise" from the regulation as it may cause confusion to the reader and is unnecessary language with regard to the intent of this subsection. It is necessary to terminate the plan when the client cannot safely store and manage his or her medications because it is necessary that the client be reevaluated by the licensed professional to identify the reason the client was no longer able to follow the plan and to determine if a new plan should be developed for that client or not. This change makes it clear that the only reason for terminating the client's participation in the plan is due to their inability to manage their own medications. This section is necessary to ensure that the client's safety is protected when the client cannot safely store and manage his/her medications. For example, if a client takes a higher dosage of their medication as prescribed and it endangers the client's well-being, the licensee would have clear demonstration that the plan can be terminated for the client's safety.

c) Local Mandate Statement

Following the public hearing and based on OAL and the Department of Finance feedback, it was discovered that the wrong Local Mandate Statement was used as the implementation of these regulations do not impose a mandate on local agencies and therefore it should read as follows:

These regulations do not impose a mandate on local agencies. There are no state-mandated local costs in this order that require reimbursement under the laws of California. Implementation of the regulations only impact licensees that make the business decision to admit the clients which would require these regulatory provisions. In addition, some of these regulations actually ease the requirements upon the licensee.

j) <u>15-Day Renotice Statement</u>

Pursuant to Government Code Section 11346.8, a 15-day renotice and complete text of modifications made to the regulations and its supportive documents were made available to the public following the public hearing. The renotice period was from June 27 to July 12, 2017. There were no comments received as a result of the renotice and no further amendments have been made to the regulations.